

Related Change Request (CR) #: 3848

MLN Matters Number: MM3848

Related CR Release Date: June 3, 2005

Related CR Transmittal #: 573

Effective Date: January 1, 2005

Implementation Date: June 1, 2005

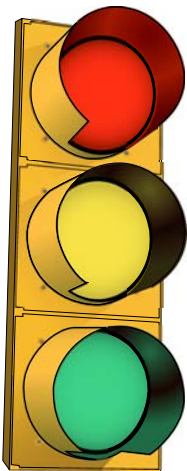
## *Clarifying Manual Instructions for Coding and Payment for Drug Administration Under the Hospital Outpatient Prospective Payment System (OPPS)*

**Note:** This article was revised to contain Web addresses that conform to the new CMS web site and to show they are now MLN Matters articles. All other information remains the same.

### Provider Types Affected

Physicians and providers billing services paid under the OPPS to Medicare Fiscal Intermediaries (FIs), including Regional Home Health Intermediaries (RHHIs)

### Provider Action Needed



#### **STOP – Impact to You**

This article includes information from Change Request (CR) 3848, which implements revisions to the Medicare Claims Processing Manual (Pub 100-04), Chapter 4 (Part B Hospital (Including Inpatient Hospital Part B and OPPS)), Section 230 (Billing and Payment for Drugs and Biologicals).

#### **CAUTION – What You Need to Know**

It is important to note that there are no new instructions being communicated with CR 3848. The Centers for Medicare & Medicaid Services (CMS) has only clarified information in existing policies related to drug administration.

#### **GO – What You Need to Do**

See the Background and Additional Information Sections of this article for further details regarding the Medicare manual update.

### Background

CR 3848 clarifies portions of Section 230 in the Medicare Claims Processing Manual, Pub 100-04, Chapter 4, titled "Billing and Payment for Drugs and Biologicals". Various sub-sections have been revised or created for this manual update as listed in the following table:

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Revised (R) & New (N)	Chapter/Section/Sub-Section/Title
R	4/Table of Contents
R	4/230/Billing and Payment for Drugs and Drug Administration
R	4/230.1/Coding and Payment for Drugs and Biologicals
N	4/230.1.1/Separately Payable Drugs
N	4/230.1.2/Packaged Drugs
N	4/230.1.3/Pass-Through Drugs
N	4/230.1.4/Non-Pass Through Drugs
N	4/230.2/Coding and Payment for Drug Administration
N	4/230.2.1-General
N	4/230.2.2/Administration of Chemotherapy Drugs by Infusion
N	4/230.2.3/Administration of Chemotherapy Drugs by a Route Other Than Infusion
N	4/230.2.4/Administration of Non-Chemotherapy Drugs by Infusion
N	4/230.2.5/Administration of Non-Chemotherapy Drugs by a Route Other Than Infusion
N	4/230.2.6/Use of Modifier 59
N	4/230.2.7/Billing for Infusion Hours

CR 3848 instructs FIs and RHHs to follow the reorganized instructions in Pub. 100-04, Chapter 4, Section 230.

**Note:** There are no new instructions being communicated with CR 3848.

## Implementation

The implementation date for this instruction is June 1, 2005.

## Additional Information

In addition to the clarifications, CMS has provided some examples to help providers better understand the drug administration policies. The examples further explain the following:

- Administration of Chemotherapy Drugs by Infusion (Section 230.2.2)
- Administration of Non-Chemotherapy Drugs by Infusion (Section 230.2.4)
- Use of Modifier 59 (Section 230.2.6)
- Billing for Infusion Hours (Section 230.2.7)

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The revised portions of the Medicare Claims Processing are attached to CR3848, which is the official instruction issued to your intermediary regarding this change. That instruction may be viewed by going to <http://www.cms.hhs.gov/Transmittals/downloads/R573CP.pdf> on the CMS web site.

If you have any questions, please contact your intermediary at their toll-free number, which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.pdf> on the CMS web site.

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